

**MODULES
FOR
CONTINUING EDUCATION
OF
DAIS**



सत्यमेव जयते

**RURAL HEALTH DIVISION
DIRECTORATE GENERAL OF HEALTH SERVICES
MINISTRY OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF INDIA**

1988

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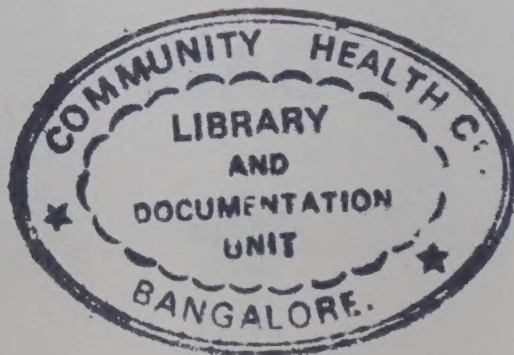
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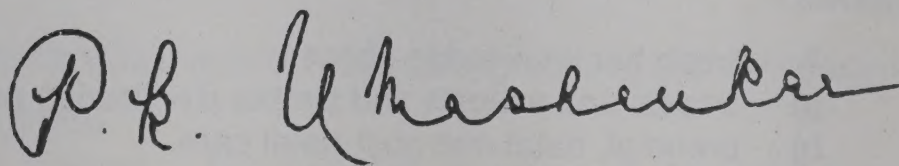
Edited by : Dr. (Mrs.) Tripta Bhasin
Asstt. Commissioner, Rural Health Services
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Nirman Bhawan, New Delhi.

FOREWORD

Availability of qualitative Health Services to the people depends upon the efficacy with which health functionaries discharge their responsibilities, which in turn, would largely depend upon their education and training.

Considering the vital role that is being played by the Traditional Birth Attendant (dai) at the grassroot level, a Programme for her Continuing Education has been developed to improve her knowledge and skills.

It is hoped these modules are extensively used in the field during training programmes for dais. As all learning material has to be regularly updated to suit changing health needs at the local levels, we would welcome comments on this book from all users; such comments and suggestions will lead to further refinement of the modules.



(P.K. Umashanker)
Special Secretary
Govt. of India

Ministry of Health & Family Welfare,
New Delhi - 110 011.

PREFACE

A Module is a self-contained unit of learning and usually contains handouts or essential reading material for the participants. However, while preparing Continuing Education Modules for dais, their lack of education and illiteracy has been kept in view. Therefore, the sessions have been designed to be of short duration and in the form of guided discussions. The trainer will have to resort to question - answer sessions on every substantive point, taking care to sum up each point.

The duration of the Programme is 12 hours and these may be spread over two days or even six days depending upon the local situation and convenience of Dais and the trainer. The place of training may be PHC or Sub-centre depending upon the suitability, feasibility and availability of teaching aids.

"The Handbook for Dais" published by the Directorate General of Health Services, Ministry of Health & Family Welfare, forms the source material and page references which have been made in the modules referred to this handbook.

The objectives of the Continuing Education Programme are as follows:-

1. To refresh her knowledge about -
 - a) Sepsis and asepsis and simple sterilisation procedures.
 - b) prenatal, natal and post-natal care.
 - c) neo-natal care
 - d) recognition of abnormal conditions during pregnancy and labour.
2. To acquire additional knowledge about
 - a) simple rule of health
 - b) Infant feeding and weaning practices
 - c) diarrhoea and oral rehydration therapy
 - d) Immunisation
 - e) family planning.

The draft modules have been prepared by Dr. (Mrs.) Sarah Rao and the same pretested in the full by the RHTC, Najafgarh before finalisation; we would like to express our thanks to them.

(Dr. J.L. Koley)
Deputy Director General (RH)
Dts. General of Health Services
New Delhi
May, 198

INTRODUCTION

The practising dais who have already had 30 working days training at PHC/Sub-centre also need continuing education like other workers in Primary Health Care. Continuing education is a process of equipping the worker with the necessary knowledge, attitudes and skills required; the emphasis should therefore, be on the technique of 'learning by doing'. This material is prepared to assist the Health worker female and Health Assistant female in organising the Continuing Education training programmes at PHC/Sub-centre wherever feasible and convenient.

Duration of training

Total duration is 12 hours, dais may be called continuously for two days or for three to four hours of everyday.

Faculty:

While the MOPHC will have overall responsibility for the training programme, the Health Assistant female will be responsible for coordination of the training courses.

Methodology

The methods which may be used during training are as follows:

- i) Group discussion.
- ii) Question & Answer : Trainees ask questions & Trainers give answers, and vice versa.
- iii) Problem solving: Trainers/ Trainees present problems faced in the field and the group discusses how to deal with these problems.
- iv) Role play: e.g. motivating a case for family planning, advising a mother about feeding her child, etc.
- v) Practical work: e.g. preparation of supplementary foods for infants, preparation of ORS, collection of blood smears, etc.

The duration of each module has been suggested but the actual teaching of the module may be carried out according to the convenience of the trainer.

K. Kathpalia

Dr. (Mrs.) K. Kathpalia
Officer on Special Duty (Trg)
Dts. General of health Services
New Delhi
May, 1988

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MODULE—1

PRENATAL CARE

Topic : 1.1 Symptoms of early pregnancy.
--

Objective : The participant should be able to review :

1. Symptoms of early pregnancy
2. Calculation of approximate month/date of delivery.

Duration : 30 minutes.

Contents :

1. Symptoms of early pregnancy
 - a) Missed period/periods
 - b) Morning sickness
 - c) Frequency of passing urine
 - d) Heaviness and tenderness in the breasts
2. Calculation of the approximate date of delivery
Add nine months and seven days to the first day of the last menstrual period.

Method : Guided discussion.

- a) The Trainer will guide the discussion so that all the points in the contents are covered.
- b) The Trainer will find out whether the Dais know how to calculate the expected date of delivery. She will give 2 or 3 examples of how to calculate the date and ask some of them to calculate it themselves.
- c) Importance of getting all pregnant women registered.
The Trainer will summarise the contents covered during the session.

Aids : — Demonstration

Evaluation : Question - Answer Session

Topic	:	1.2 Past history of prenatal case-medical and surgical.
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- Objective** : The participant should be able to —
1. elicit history of
 - a) Medical and surgical problems
 - b) previous pregnancies
 - c) previous deliveries
- Duration** : 30 minutes
- Contents** :
1. History of medical problems
 - a) Any history of chronic disease e.g.
Tuberculosis
diabetes
heart trouble
asthma.
 - b) duration of chronic illness
 - c) treatment taken.
 2. History of surgical problems.
Any operation especially to do with female reproductive organs as follows :—
 - (i) caesarean
 - (ii) Medical Termination of Pregnancy
 - (iii) Dilatation and curettage
 3. Reasons for asking the question —
We ask these questions because if she has had any problem before she may have the problem again and we will be prepared for it.
 4. The Trainer will summarise the contents
- Method** :
1. Guided discussion
 2. Summary at the end of the session
- Aids** : Demonstration
- Evaluation** : Question-Answer Session

Topic : 1.3 History of previous pregnancies and deliveries.

Objectives : The participant should be able to review history taking of :—

- (i) Previous pregnancies
- (ii) Previous deliveries

Duration : 30 minutes

- Contents** :
1. History of previous pregnancies —
 - a) Number of pregnancies.
 - b) Number of abortions.
 - c) Number of still births
 - d) Number of live births
 - e) Number of children living
 - f) Age of the youngest child
 - g) Any abnormal pregnancy. If abnormal, what was the problem.
 2. History of previous deliveries —
 - a) Number of normal deliveries.
 - b) Number of abnormal deliveries. If abnormal, what was the problem.

- Method** :
1. Guided discussion to cover all the points in the contents.
 2. Summary, The trainer will summaries the contents of the session.

Aids : Charts showing abnormal pregnancies and deliveries.

Evaluation : Question-Answer Session.

Topic	: 1.4 Prenatal examination
Objective	<p>The participant should be able to —</p> <ol style="list-style-type: none"> conduct prenatal examination show the prenatal case to the health worker.
Duration	: 30 minutes
Contents	<p>A) Prenatal examination (page references are to 'Handbook for Dais') (i) Palpate the abdomen and find out whether the head is down (page 11) or whether the head is at the top (page 12) or whether the babies lying across the womb (page 12) or whether there are twins (page 13) (ii) Listen to the baby's heart sounds. (page 13)</p> <p>B) Show the prenatal case to health worker. In the last 3 months of pregnancy show the prenatal case to the health worker (page 14) The Health worker will — (i) register the mother within 20 weeks - take all the information about her (ii) examine the mother to see that she is normal (page 15) (iii) She will examine the mother's urine and Blood to see that it is normal (page 15) (iv) She will give the mother injection of T.T. This will protect the mother and the baby from tetanus. (page 16) (v) She will give the mother iron tablets. This will keep the mother and the baby healthy (page 16)</p>
Method	<p>1. Guided discussion</p> <ol style="list-style-type: none"> The Trainer will find out from the Dais (1) how the prenatal examination is carried out and (ii) when the prenatal case should be shown to the Health Worker. (iii) what the health worker will do at home and at clinic. <p>2. The Trainer will summarise the contents covered during the session.</p>
Aids	: Slides/sketches from the 'Handbook for Dais.'
Evaluation	: Question-Answer Session.

Topic	:	1.5 Advice to prenatal case.
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Objective : The participant should be able to give advice to a prenatal case.

Duration : 30 minutes

Contents : (page references are to 'Handbook for Dais')

1. Prenatal advice.

a) Regular checkups at the clinic

b) T.T. Immunisation

c) Iron and Folic acid Tablets

d) Diet

Nutritious food helps to keep the mother healthy. It also helps the baby in womb to grow well. All these foods shown in the picture are good for the mother to eat.

Dal, Roti and Rice, Green and other vegetables, Carrot, Milk and fruits, Groundnuts etc. (page 7)

e) Rest and sleep are very important for the mother (page 8)

f) Exercise - She can do her usual household work but she should not carry heavy weights (page 9)

g) Personal hygiene and care of the breasts.

The mother should bathe regularly and should massage her nipples with oil (page 10)

h) Family Planning

Method : 1. Guided discussion.

The Trainer will guide the discussion so that all the points in the contents are covered.

2. The trainer will summarise the contents covered during the session.

Aids : Sketches/Slides from 'Handbook for Dais')

Evaluation : Question-Answer Session.

Topic	: 1.6 Danger Signals during the prenatal period.
Objectives	<p>The participant should be able to —</p> <ol style="list-style-type: none"> 1. Recognise the danger signals during the prenatal period and 2. Refer the prenatal case to the Primary Health Centre.
Duration	: 30 minutes
Contents	<p>(page references are to Handbook for Dais')</p> <p>Most pregnant women do not have any health problems. But sometimes, things go wrong and you must tell the mother to go to the health centre when this happens.</p> <ol style="list-style-type: none"> 1. Danger signals <ol style="list-style-type: none"> (i) The mother is short (page 18) (ii) The mother has swelling of the face, hands or feet (page 19) (iii) The mother suffers from severe headache or cannot see well (page 19) (iv) The baby's head is at the top (page 20) (v) The baby is lying across the womb (page 20) (vi) There are twins (page 20) (vii) It is a first pregnancy (page 21) (viii) The mother is very young or she is elderly (page 21) (ix) The mother has had 5 or more pregnancies (page 22) (x) If the mother does not feel the baby moving (page 23) (xi) or if the Dai cannot hear the baby's heart sounds (page 23) (xii) If the mother has bleeding from the vagina (page 24) 2. Referral to the Primary Health centre. If the mother has any of the above danger signals she must be referred to the Primary Health Centre.
Method	<ol style="list-style-type: none"> 1. Guided discussion. In the discussion the Trainer will assist the participants to bring out all the twelve danger signals. 2. Summary - The Trainer will summarise the contents covered during the session.
Aids	: Handbook for Dais or slides prepared from the pages mentioned above.
Evaluation	: Question-Answer Session.

Topic	: 1.7 Care to mothers in a prenatal clinic.
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- Objective** : The participant should be able to provide care to women in a prenatal clinic.
- Duration** : 1 hour 30 minutes.
- Contents** : Prenatal Care.
1. History taking
 - medical and surgical problems
 - previous pregnancies and deliveries
2. Conduct of prenatal examination
3. Advice to prenatal case
4. Identification of danger signals.
5. Referral to Health worker.
- Method** : Clinical session in a subcentre.
The participant will examine and advise prenatal cases under supervision of Health worker (F) and Health Assistant (F)
- Aids** : — Demonstration
- Evaluation** : Observation of participant

MODULE—2

INTRANATAL CARE

Topic	: 2.1 Preparations for delivery before labour starts.
--------------	--

Objectives : The participant should be able to prepare for the delivery.

Duration : 30 minutes.

Contents : (page references are to 'Handbook for Dais')
Preparation for delivery

- a) In the last month of her pregnancy tell the mother to keep things ready for her delivery. (page 25)
- b) Clean the room and whitewash the walls. page 26)
- c) Keep the bed or mat and blankets in the sun. (page 27)
- d) Have ready a chulha, fuel and matches, a large vessel with a cover, a bucket and mug or bowl an earthen ware container and lantern with kerosene. (page 27)
- e) Collect old torn sarees or dhoties, wash and dry them in hot sun. (page 28)
- f) Make cloth pads out of the clean old sarees or dhoties for the mother to use after delivery (page 28)
- g) Collect old newspaper or large leaves (pages 29)
- h) Keep ready oil, soap and clean clothes for the mother and baby, bottle of dettol, mackintosh (page 29)

Method :

- 1. General discussion
The Trainer will encourage the Dais to mention all the preparations for delivery.
- 2. Summary - The Trainer will summarise the Contents of the session

Aids : Handbook for Dais/Slides

Evaluation : Question-Answer Session.

Topic	:	2.2 Preparations as soon as labour starts.
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- Objective** : The participant should be able to
(1) make preparations for a normal labour.
(2) utilise aseptic techniques in the practice of mid-wifery.
- Duration** : 30 minutes.
- Contents** : (page references are to "Handbook of for Dais")
Preparations as soon as labour starts
- a) Check the kit (page 31)
 - b) See that the room is clean. Spread clean newspapers near the bed or mat on which the mother will be, arrange the things you need on the newspaper. Use of Cowdung for cleaning floor of the house to be discouraged (page 32)
 - c) Practice safe, clean and aseptic technique (page 32)
 - d) Fill a large vessel with clean water place in the vessel with water the bowls, scissors or blade, cotton wool, cord ties, gauze and cloth ties. Boil the water for 20 minutes. Keep the articles in the vessel until you need them. If you boil the articles you will protect the baby from tetanus. (page 33)
 - e) Take out of the vessel a bowl containing some of the boiled water, cotton wool swabs and cloth pieces. (page 34)
 - f) Place the bowl on the newspaper. Ask someone to pour a little antiseptic lotion in it to make a milky solution
Place the cord ties, scissors or blade in the bowl. (page 34)
 - g) From the vessel take out the second bowl containing some boiled water and cotton wool swabs. Keep the bowl on the newspaper to one side. Do not add antiseptic lotion to this bowl. (page 35)
 - h) Give the mother milk with extra sugar or gur. (page 36)
 - i) Give the mother an enema
 - j) Ask the mother to pass urine frequently, let the mother walk about (page 37)
 - k) Give her a back rub
Ask the mother to breathe deeply when she gets a

- pain. Do not let her bear down. (page 38)
- l) When the bag of water breaks ask the mother to lie on her back with the knees bent (page 39)
 - m) Examine her to find whether the baby's head is going down (page 40)
 - n) Listen to the baby's heart sounds. (page 41)

Method : 1. Guided discussion
The Trainer will encourage the participants to mention all the points in sequence emphasising on the importance of utilising aseptic technique in mid-wifery.

2. Summary. The trainer will summarise the contents covered during the session.

Aids : 1. Dai's Kit
2. Handbook for Dais.

Evaluation : Question-Answer Session

Topic 2.3 : Care during first and second stages of labour.

Objectives : The participant should be able to

1. Conduct a normal labour case
2. Recognise the abnormal signs and symptoms.

Duration : .45 minutes.

Contents : (page references are to 'Handbook for Dais')
Steps in conducting a labour case.

- a) Take off your rings and bangles, cut your nails and wash your arms and forearms well with soap and water and a scrubbing brush. (page 43,44)
- b) Do not wipe your hands or touch anything which is not boiled-clean hands protect the baby from tetanus.(page 45)
- c) Use the cotton wool swabs in the bowl of lotion to wash the vulva.(page 46)
- d) When the mother gets a pain, tell her to push. When the pain stops, tell her to stop pushing and breathe deeply.(page 47)
- e) Hold a boiled cloth over the anus.

Refer the case to the primary Health Centre if these 'Danger Signals' are present. (page 48, 49)

- a) If the baby's foot comes out first.
- b) If the mother is in labour for 24 hours and the baby does not come out.
- c) If there is bleeding from the vagina before the baby comes out
- d) If there is cord prolapse

Continue with normal labour if danger signals do not appear

- a) During pains when the head is coming out, support it with the left hand, let the head come out slowly.(page 50)
- b) Hold the baby's head between your hands. Gently press down the head so that one shoulder comes out.(page 50)
- c) Then raise the baby's head upwards so that the other shoulder comes out.

Do *not* pull on the head.

Do *not* let the mother push too hard otherwise she will have a tear.

Do *not* interfere with the delivery unless required.

- d) If the cord is around the baby's neck put your finger under the cord so that it gets loose then lift it over the face. (page 52)
- e) Hold the baby as it comes out and place it between the legs (page 53)
- f) Feel whether the cord is pulsating, when it stops, tie it in two places using reef knot.
- g) cut the cord between the two ties using the boiled scissors or blade. Do *not* use a sickle or a stone or any unboiled instrument to cut the cord. (page 54)
- h) Apply antiseptic lotion to the cord stump with boiled gauze.

This will prevent tetanus in the baby.

- Method : 1. Guided discussion
2. Summary of the contents of the session.
- Aids : a) Obstetrical mannikin and foetal doll.
b) Model of Female reproductive organs.
c) Model of new born baby.
d) Birth Atlas
e) Dai's Kit.
- Evaluation : Question answer session.

Topic	: 2.4 Immediate care of the newborn.
--------------	---

Objectives : The participant should be able to manage the immediate care of the new-born.

Duration : 30 minutes.

Contents : (page references are to 'Handbook for Dai's)
Care of the newborn.-
a) Take cotton swabs from the bowl containing plain boiled water and swab the baby's eyes from the centre outwards. Use one swab for each eye. (page 56)
b) Take a piece of boiled gauze on your little finger and clean out the mucus from the baby's mouth
c) If the baby looks pale and limp and does not cry - Wrap the baby in a cloth. Keep the head lower than the body. Give mouth to mouth respiration. Use short gentle puffs of breath Do *not* blow hard or you will damage the baby's lungs.
(page 56)

Method : Guided discussion. The Trainer will help the participants remember the steps of care of the new born.

Aids : Handbook for Dais.

Evaluation : Question - Answer session.

Topic 2.5	:	Care of the Mother during the third stage of labour.
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Objectives : The participant should be able to manage the third stage of labour.

Duration : 30 minutes.

Contents : (page references are to "Handbook for Dais")
Care of the mother —

- a) Feel whether the uterus is hard
- b) (i) If the placenta does not come out within one hour (page 58)
(ii) or if the mother is bleeding, send the mother the primary Health Centre or call the Health Worker.
- c) When the placenta is about to come out — (page 59)
 - (i) the cord will become longer at the vulva. (page 60)
 - (ii) there will be some bleeding
 - (iii) the abdomen becomes bigger
 - (iv) when you press the abdomen the placenta is seen at the vulva.
 - (v) do not pull hard on the cord or the membranes will tear and placenta will be left inside.
 - (vi) Ask the mother to push.
 - (vii) As the placenta comes out hold it with both hands. Twist it round and round and gently pull it out. Do not massage the uterus too hard to expel the placenta before it is fully separated. (page 61)
 - (viii) Examine both sides of the placenta to see that it is complete.
 - (ix) if the mother is bleeding a lot after the placenta comes out, massage the uterus gently. (page 62)
 - (x) place a pad over the uterus and tie a tight binder and accompany the mother to the primary Health Centre or call the Health Worker. (page 63)

Method : 1. General discussion.

The Trainer helps the participant remember all the steps.

2. Summary. The Trainer summarises the contents of the session.

: Handbook for Dais.

Evaluation : Question-Answer session.

MODULE—3

CARE OF MOTHER AND NEWBORN

Topic	: 3.1 Immediate care of the mother and newborn.
--------------	--

- Objectives** : The participant should be able to provide mother and baby care immediately after delivery.
- Duration** : 30 minutes
- Contents** : (Page references are to Handbook for Dais)
Immediate care of mother and baby.
- a) Sponge the mother (page 65)
 - b) Place a clean cloth pad on the vulva.
 - c) Change her clothes. Give her a hot cup of tea, coffee or milk. (page 66)
 - d) Apply oil to the baby and clean the baby. Examine the baby for congenital abnormalities Do not rub the tender skin of the baby too hard. (page 67)
 - e) Dress the cord stump. (page 68)
 - f) Dress the baby and wrap it up.
 - g) Keep and baby near the mother and let the mother breast-feed the baby two-three hours after delivery and every three hours. (page 69)
 - h) Tell the family to call you if the mother has extra bleeding and if the cord bleeds. (page 70)
- Method** : 1. Guided discussion on the various steps of care to be provided to mother and new born immediately after delivery.
2. Summary. The Trainer will summarise the contents of the session.
- Aids** : Handbook for Dais.
- Evaluation** : Question-Answer Session.

Topic	: 3.2 Postnatal Visit
Objectives	: The participant should be able to examine and give advice for the mother and the baby.
Duration	: 30 minutes
Contents	: (Page references are to 'Handbook for Dais') <ol style="list-style-type: none"> 1. Care of the postnatal mother — <ol style="list-style-type: none"> a) Uterus should be hard and getting smaller. (page 71) b) Advice to the mother <ol style="list-style-type: none"> (i) to clean her breasts before each feed. (page 72) (ii) to give baby boiled water to drink in between feeds. (page 72) (iii) to lie on her abdomen as far as possible (page 73) (iv) to do the knee-chest exercise (v) to take nutritious food. This will keep her and her baby healthy. (page 74) (vi) about importance of colostrum. 2. Care of the baby. <p>The mother to be advised to take the baby to the Health Centre for —</p> <ol style="list-style-type: none"> (i) regular weighing. (ii) B.C.G. vaccination (iii) DPT vaccination (iv) Polio vaccination and (v) measles vaccination if available
Method	: <ol style="list-style-type: none"> 1. Guided discussion. The Trainer will guide the discussion on postnatal care of the mother and care of the baby. 2. Summary of the discussion at the end of the session.
Aids	: Handbook for Dais.
Evaluation	: Question-Answer Session.

MODULE—4

INFANT CARE

Topic : 4.1 Infant feeding and weaning.

Objectives : The participant should be able to —
1. Advise the mother about nutrition
2. Keep a simple record in the Record Book.

Duration : 30 minutes.

Contents : (Page references are to 'Handbook for Dais')
1. Advise the mother —
a) At 4 months age, give the baby other foods besides breast milk. (page 80)
b) Continue breast feeding as long as she can. (page 81)
c) bottle feeding of the baby should be discouraged.
d) use of pre lacteal feeds like 'Janam Ghutti' should be avoided.
e) Powder milk should be avoided in feeding the baby.
f) If baby's weight looks to be much less than average or any abnormality is noticed mother must be advised to contact health worker female.
2. a) Keep a simple record book (page 82-89)
b) show the Record Book to the Health Worker. She will take down the information and sign the record book.
c) Practice on the Record Book.
d) Importance of Birth and Death registration.

Method : 1. Guided discussion.
2. Practice session for filling up Record Book.
3. Summary.

Aids : a) Charts on weaning foods.
b) Sample of Record Book.

Evaluation : Question-Answer book.
Simple exercise to note in the Record Book.

MODULE—5

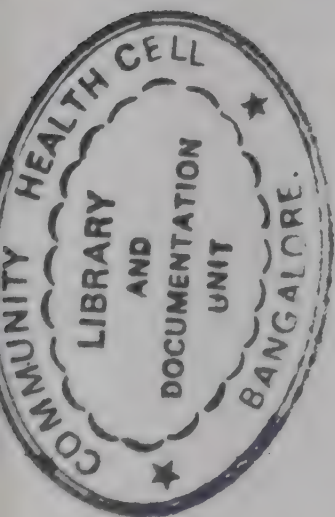
CARE OF THE CHILD UNDER FIVE

Topic : 5.1 Simple measures for healthy living
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- Objective** : The participant should be able to —
1. State the simple measures for healthy living.
 2. State the importance of taking the child for regular check up.
 3. Educate the mother about the importance of following these measures for her child.

Duration : 30 minutes.

- Contents** :
1. Brush the teeth every day in the morning, at bedtime and after meals. Use datun, manjan or neem datun. This will keep the teeth clean and will prevent decay.
 2. Wash the face and clean the eyes on waking. Use a separate towel for wiping your face and eyes.
 3. Take a bath every day —
 - a) wash the armpits and groins well.
 - b) wash and dry clothes in the sun.
 4. Wash the hair often —
 - a) keep it free from lice.
 - b) Oil and comb the hair to keep it neat.
 5. Cut the nails regularly and keep them short and clean. Germs can live and grow under long and dirty nails.
 6. Wash the hands and feet before coming into the house. Wash the hands before meals.
 7. Do not spit in the open, especially near people. Spitting spreads infection. When you cough or sneeze, cover your mouth and nose with a handkerchief.
 8. Always wash vegetables with clean water before eating them raw.
 9. Sweep and clean the house every day. Collect refuse in a dustbin. Keep the dustbin covered.
 10. Sleep in a well ventilated room. Do not keep cattle in the same room in which you live.
 11. Collections of waste water are breeding places for mosquitoes.
 12. Always keep food covered to protect it from flies.
 13. Defecating in the open fields results in the spread of diarrhoea and Worm infections.
- use sanitary latrine, if available. If not, cover



- faeces with earth to prevent fly breeding.
14. water from ponds and rivers is unsafe for drinking.
It is safe to boil water before drinking it.
 15. Ensure that the well is regularly chlorinated.

Regular check up for child

The child should have a regular check-up of height and weight and for any abnormal symptoms. In the first year the child be weighed every month. From the second year onwards every three months.

- Method : 1. Guided discussion
2. Summary at the end.
- Aids : 1. Charts and posters on How disease spreads, safe drinking water etc.
2. Flip Book on 'Health' Designed by the National Institute of Health and Family welfare prepared for the Ministry of Health and family welfare.
- Evaluation : Question-Answer.

Topic	: 5.2 Immunisation - Need and Schedule
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Objective : The participant should be able to explain to the mother

1. The need for immunisation for child and mother.
2. The immunisation schedule.

Duration : 30 minutes

Contents : Need for immunisation - to avoid the occurrence and after effects of Tuberculosis, diphtheria, whooping cough tetanus, polio and measles.

National immunisation schedule

Beneficiaries	Age	Vaccine	No. of doses
Pregnant women Infants	16-36 weeks	TT	2*
	6 weeks-9 months	DPT	3
		Polio	3
		BCG	1
	9-12 months	Measles	1
Children	18-24 months	DPT	1 (booster)
		Polio	1 (booster)
	5-6 years	DT	1**
		Typhoid	2
	10 years	TT	1**
		Typhoid	1*
	16 years	TT	1*
		Typhoid	1*

* *Booster. Give one dose, if vaccinated previously.*

** *Give two doses if not vaccinated previously.*

NOTE

— Administration of Vitamin 'A' solution at 6 monthly intervals between 1 year to 5 years.

— Interval between doses should not be less than one month.

— Malnutrition, low-grade fever, mild respiratory infections or diarrhoea and other minor illnesses are not a contraindication to vaccination.

— Mild or moderate diarrhoea should not be considered a contraindication to Oral Polio Vaccine. Doses given to children with severe diarrhoea should not be counted as part of the series and the child should be given another dose at the first available opportunity.

— The recommended course of each vaccine must be completed as early as possible. If for some reason, the child did not get the scheduled dose in time (within 4 to 8 weeks) he may be given the dose as soon as this is possible without starting the course again.

— DPT and Polio vaccines are given to the child at the same time. BCG vaccine can be given with any one of the three doses but the sites of the injections of the DPT and BCG vaccines should be different.

Method : Guided discussion.

Aids : - Ampoules of vaccine
• - charts of children suffering from tuberculosis, diphtheria, whooping cough, tetanus, polio and measles.

Evaluation : - Question - Answer Session

Topic	: 5.3 Oral Rehydration Therapy (ORT) for treatment of diarrhoea.
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Objectives : The participant should be able to prepare and administer oral rehydration solution (ORS) to children suffering from diarrhoea.

Duration : 45 minutes

- Contents :**
1. Definition and Causes of Diarrhoea.
When some one has loose motions, we say, that she has diarrhoea. Diarrhoea is most often caused by eating dirty food, drinking dirty water, eating with dirty hands or using dirty vessels.
Diarrhoea is so common, that we don't take it seriously.
 2. Why is diarrhoea dangerous?
Diarrhoea is dangerous, because it makes the body very weak. When a child gets diarrhoea, her growth slows down. If she gets diarrhoea often, she may even stop growing.
If a child gets diarrhoea, she loses a lot of weight. This is because with every loose motion, her body loses a lot of water. If this water is not replaced fast, she will continue to lose weight and become weaker and weaker.
The life of a very young child, or a child who is very weak can even be in danger. Therefore you must treat diarrhoea at once.
 3. Diarrhoea treatment begins at home.
The treatment is simple.
Even a child of 12 or 13 years can learn to give it. All you have to do, is give your child a special drink made with salt, sugar and water.
All these ingredients you always have at home.
 4. How does the special drink help diarrhoea?
During diarrhoea, water and body salts leave the body. The water and Salts must be replaced. That is why you must give the child the special drink after every loose motion. The special drink will not stop diarrhoea.
 5. It is important to
give the drink slowly, a little at a time.

If the child vomits, don't worry, give it once more. Give this drink, if the child feels thirsty. A child's thirst is a sign that she needs water.

Continue giving this drink even if the diarrhoea does not stop. This drink will help the child from losing too much water and weight.

In most cases, the child will be well in a day or two because you gave her the drink.

6. How to make the special drink?

- a) Take two paos or half a litre of clean drinking water (boiled and cooled) in a large clean vessel.
- b) Add three-finger pinch of salt. Taste a spoonful of the drink. It should not be more salty than your tears.
- c) Add a fistful of sugar. If sugar is not available use khandsari or a tiny piece of gur.
- d) Stir the mixture with a clean spoon, till the sugar has dissolved.
- e) Give one glassful of this mixture after every loose motion. Give small sips of the drink. If the child vomits, give it again.

7. When to see the Health Worker?

If the child is being treated at home and does not get better within two days, or she is vomiting, or has fever, or passes blood or mucus in the stools, or gets diarrhoea very often, she needs care.

Take her to see the Health worker. She will give you a special mixture in a packet.

8. How to make the drink with the packet?

- a) Take four measures of a pao or one litre of clean drinking water (boiled and cooled).
- b) Pour the water and the powder from the packet into a large vessel.
- c) Stir it with a clean spoon till it dissolves. You will now have about five glasses of the drink.
- d) Give one glassful to your child after every loose motion. Keep the rest of the drink covered in a clean place. Make fresh drink every day.
- e) Most children recover with this packet drink. If the child does not, take the child to the doctor.

9. Important rules for feeding during diarrhoea.

- a) Continue feeding during diarrhoea. Give her soft foods, like khichri, watery dal, mashed bananas, idlis, dahi etc. Also continue giving her mother's milk. It is the best food for her.

- 9 b) Give plenty of other fluids also like nimbu pani rice kanji, lassi or butter milk, coconut water, weak tea etc.

The important thing is to replace lost fluid.

10. Give extra food after diarrhoea stops.

As soon as she gets better, you must feed her an extra meal every day, for at least a week, to make up for all the meals that she has lost. This way she will continue to grow properly.

11. How to prevent diarrhoea.

- (1) Breast feed your baby as long as possible.

Give her all other liquids with a cup and spoon.

Give plenty of nourishing foods also.

As healthy child is less likely to get diarrhoea.

- (2) Use a toilet for passing stools. If no toilet is available, make sure you pass stools away from your home and drinking water supply.

Cover the stools with mud. Wash hands thoroughly after passing stools.

- c) Wash hands before cooking a meal or feeding the baby and after going to the toilet. Make the child wash her hands also. Keep the nails short.

- d) Cover all food and drinking water, so that flies can not sit on it. Wash all fruits and vegetables before eating them. Do not leave rubbish lying around.

- e) Fill drinking water from a handpump or tube well or other clean source. Store water in a clean place in covered container. Use a ladle to draw water. Never dip your hand into the water pot.

Method : 1. Guided discussion.
2. Demonstrations - Preparation of ORS at home and with the packet.
3. Summary - Trainer should sum up the discussion after every point and at the end.

Aids : Chart/slides prepared from the booklet "Better Care During Diarrhoea" - Ministry of Health and Family welfare. Utensil, sugar, salt, water and packet of oral rehydration Salt for preparing oral rehydration solution (ORS).

Evaluation : Question-Answer Session.

MODULE—6

FAMILY PLANNING

Topic : 6.1 Need and Advice for Family Planning.

- Objectives :** The participant should be able to state the reasons for
- Raising the age of marriage
 - Spacing of children
 - Limiting the number of children
- give advice to mothers for acceptance of family planning best suitable for the particular Couple.
- Duration :** 45 minutes
- Contents :**
- Age of marriage for boys - 21 years, girls - 18 years; reasons for raising the age of marriage for health and education of the girl.
 - Reasons for not having a child before 20 years.
 - for health of the girl - normal pregnancy and childbirth.
 - for health of the new-born-for normal birth weight and also for ability to take care of the child.
 - Reasons for spacing pregnancies
 - Health of the mother
 - Health of the previous child/children and child to be born.
 - Reasons for limiting the number of children.
 - Health of the mother
 - Health of the child
 - Economic aspects
 - Nutrition aspects.
- Method :** Guided discussion
Summary of the contents.
- Aids :**
- Charts showing planned and unplanned babies (Normal weight and low birth weight babies)
 - Charts showing mothers with few and many children with short spacing (well nourished and undernourished mothers)
- Evaluation :** Question-Answer Session.

Topic	: 6.2 Contraceptive methods and Medical Termination of Pregnancy.
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Objectives : The participant should be able to —

- Demonstrate to a mother the use of contraceptive methods.
- Explain the medical termination of pregnancy.
- Refer the mother to the Health worker/ Centre for family planning advice/medical termination of pregnancy.

Duration : 45 minutes

Contents :

1. Use, advantages and limitations of Nirodh, Copper T, Oral pills male and female sterilisation methods.
2. Demonstration of family planning methods.
3. Medical Termination of Pregnancy.
4. Referral to Health Centre.

Method :

- a. Talk followed by guided discussion.
- b. Demonstration of family planning methods.

Aids :

1. Female pelvic models showing contraceptive methods and tubectomy.
2. Male pelvic model showing vasectomy
3. Charts of various contraceptive methods.

Evaluation : Return demonstration of family planning methods by participants.
Question and Answers.

